



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:57 am, Mar 01, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204091 / 127213	DATE OF INSPECTION 1/24/2010
LOCATION OF INSTRUMENT (STREET AND CITY) Wayne County Sheriff Department, PO Box 109, Greenville, Missouri 63944	TIME OF INSPECTION 1547

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER $\pm 50^{\circ}\text{C}$

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$)

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ .098

TEST 2 ☒ .098

TEST 3 ☒ .099

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS \emptyset	(0-.04) \emptyset	(.05-.09) 1	(.10-.14) 2	(.15-.19) \emptyset	(Over .19) \emptyset
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

Guth Laboratories, INC. .10%

Lot No. 09002

OPERATING WITHIN MODHSS SPECIFICATIONS

Bottle # 1227

MFG Date: 9/1/2009

Exp. 8/31/2011

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Marcel M. Jones

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

820279

09/29/2010

(573) 224-3937

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 09002

EXPIRATION DATE: August 31, 2011 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 09002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1206 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is September 1, 2009.
The expiration date for this lot number is August 31, 2011
at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marking, Inc.

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204091
02/24/10

ARREST TIME: 08:00

SUBJECT NAME:

JONES/M/M

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/XXXXXX

ARRESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

TESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

PERMIT NUMBER: 826279

EXPIRATION DATE: 09/29/10

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:01
INTERNAL STANDARD	VERIFIED	16:01
RADIO INTERFERENCE		

Operator Signature



BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204091
02/24/10

ARREST TIME: 00:00

SUBJECT NAME:

JONES/M/M

DOB: 01/01/01 SEX: M

STATE/D.L.: MO/XXXXXX

ARRESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

TESTING OFFICER:

JONES/M/M

OFFICER I.D.: 233

PERMIT NUMBER: 826279

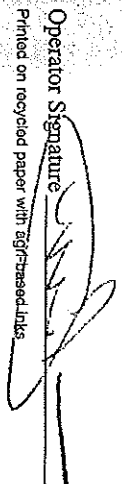
EXPIRATION DATE: 09/29/10

MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	16:03
INTERNAL STANDARD	VERIFIED	16:03
SUBJECT SAMPLE	.000	16:03
BLANK TEST	.000	16:04

Operator Signature



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2025-01-20

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific information required.

Operator Signature _____

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CMSU 2208-02

02/24/18

JONES/1474

OFFICE 111
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PERMIT NUMBER: 660279

EXP. 127110N DATE: 09/29/10

MODEL FREEDOM

— SUPERVISOR —

2013

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Operator Signature _____

2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MARCEL M. JONES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATA MASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/29/08

Number 820279

Expires 09/29/2010

John J. Mathews

Director of State Public Health Laboratory

MO 580-0771 (7-98)

Director, Department of Health

Lab. 4 (R7-89)